DOCUMENT RESUME

ED 479 140 SO 034 119

AUTHOR	Wolff, Tom
TITLE	Healthy Communities: Building Communities from the Ground Up.
PUB DATE	2001-08-00
NOTE	12p.; Paper presented at the Annual Meeting of the American Psychological Association (109th, Washington, DC, August 24-28, 2001).
PUB TYPE	Reports - Descriptive (141) -- Speeches/Meeting Papers (150)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Community Involvement; *Community Resources; *Health; *Health Promotion; *Problem Solving
IDENTIFIERS	World Health Organization

ABSTRACT

More and more communities are rallying together to solve their own problems. These broad-based initiatives are illustrations of the international healthy communities movement. The healthy communities movement emerged from the World Health Organization in 1986 and has quickly spread across the globe. A cornerstone of the movement is the Ottawa Charter for Health Promotion that describes the prerequisites for health as: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. To produce a healthy community in addition to redefining the way people look at health, new mechanisms of community problem solving must be reviewed. This paper describes and discusses the healthy communities movement. The paper outlines 10 commonly agreed upon core elements of healthy community efforts. It notes that research on the impact of healthy community initiatives is just emerging and cites several studies. (Contains 15 references.) (BT)

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Healthy Communities: Building Communities from the Ground Up

Talk at the American Psychological Association - August 2001
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From Europe to South America; from South Carolina to California; from the tiny hill towns of the Berkshires in Massachusetts to 21 different neighborhoods in the city of Boston communities are mobilizing around local issues and finding ways to create exciting new solutions. They are demonstrating the capacity of communities to rally together to solve their own problems. These broad-based initiatives are wonderful illustrations of the international healthy communities movement.

The goals of these community initiatives are ambitious: nothing short of achieving radical measurable improvement in the health and long-term quality of life in America's communities (Norris 1993). The movement has many names including: "sustainable communities," "livable communities," "smart growth," "community building," "civic democracy," "safe communities," and even "loveable communities." Some use the phrase 'healthy communities' where the term 'health' is a metaphor for a much broader approach to building community.

The healthy communities movement emerged from the World Health Organization in 1986 and has quickly spread across the globe. A cornerstone of the healthy communities movement is the Ottawa Charter for Health Promotion (1986) that describes the prerequisites for health as: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. This broader definition of health allows the movement to address the needs of the whole

community, to be responsive to whatever issues the community identifies, and to be comprehensive in its definition of community and health.

To produce a healthy community in addition to redefining the way we look at health, we also look at new mechanisms of community problem solving. These mechanisms rely on collaborative multi-sectoral approaches that incorporate the promotion of citizen leadership while building on community strengths and empowering local citizens.

In Massachusetts, efforts to create healthy communities are emerging at rapid rate (Wolff 1992). They are being initiated by grassroots citizens, government agencies, faith based organizations, health and human service non-profits and foundations.

How would we know a healthy community if we saw one? Hancock and Duhl (1986) define the characteristics of a healthy community as including:

A clean, safe physical environment

An ecosystem that is stable and sustainable

A strong, mutually supportive, and non-exploitive community

A high degree of participation and control by the public over decisions affecting their lives, health, and well-being

Meeting basic needs

Access to a wide variety of experiences and resources

A diverse, vital, and innovative local economy

Encouragement of connectedness with the past

An optimum level of appropriate public health and sick care services

And high levels of positive health and low levels of disease

There are ten commonly agreed upon core elements of healthy community efforts (Wolff 1992, Norris & Howell 1999, Norris & Pittman 2000):

1. They employ a broad definition of health as noted in the Ottawa Charter.

2. They build on a shared community vision and shared values. To accomplish this the community must create visioning processes that engage a broad spectrum of the community and identify shared values and hopes for the future.

3. They create shared ownership by involving the community in defining the issues and being part of solutions.

4. Relationships are the core of the process. The building of relationships across sectors, between the grassroots and the formal sectors, and within sectors is central to the healthy community process.

5. Membership is multi-sectoral, by which we mean that those engaged in the healthy community process come from government, education, public safety, health services, faith-based organizations, neighborhoods, and grassroots organizations.

6. The process is citizen driven. A core belief is that those most affected by the issues are central to the decision-making.

7. Issues are addressed by collaborative problem solving. Himmelman (2001) has defined collaboration as a complex inter-organizational relationship in which each party tries to enhance the capacity of the other. This is the high level of community functioning that healthy communities initiatives strive for.

8. The community uses an assets based approach. Kretzman and McKnight(1993) have defined a way of looking at communities that builds on its assets, not its deficits. This is another critical building block for healthy communities.

9. Healthy communities initiatives move toward systems change. They always have a view beyond individual programs and solutions, and look to create systems change that can make a long-term difference.

10. Community initiatives develop clear measures of progress with indicators.

The content of healthy communities initiatives can vary enormously. Some are focused on traditional health indicators such as reducing the incidence of specific diseases or promoting specific preventive practices around a wide range of community identified health issues such as asthma, teen pregnancy, or substance abuse. Another set of healthy community initiatives address social problems such as community violence, domestic violence, and child abuse. A vibrant wing of healthy communities initiatives are focused on environmental issues promoting sustainable communities and fighting for environmental justice. These are often called sustainable communities. And yet another form of healthy communities focuses on civic engagement dealing with what Robert Putnam in Bowling Alone (2000) has talked about as the American crisis of the decline of civic engagement. In this case the communities initiatives work to increase the involvement of citizens in community life.

Research on the impact of healthy community initiatives is just beginning to emerge. Berkowitz and Cashman (2000) have noted that many healthy communities initiatives fail to engage in evaluation processes for a wide range of reasons including lack of time, lack of knowledge, lack

of resources, and lack of qualified outside help.

Roussus and Fawcett (2000) reviewed the factors affecting the capacity of coalitions (like healthy community coalitions) to create community change. Looking across a wide number of studies they identified seven variables:

1 having a clear vision and mission

2 action planning for community and systems change

3 developing and supporting leadership

4 documentation and ongoing feedback on programs

5 technical assistance and support

6 securing financial resources for the work

7 making outcomes matter

In Massachusetts, 16 years of long-term commitment have allowed community coalitions to grow and prosper (Wolff,2001). Over time, these groups have successfully tackled many difficult community issues. Some of these healthy community coalitions have made the engagement of the grassroots their top goal. They have achieved this through devotion of resources and the application of successful techniques such as the development of mini-grants, neighborhood organizing, community health outreach workers and leadership developments. When the Northern Berkshire Community Coalition began to engage the grassroots they struggled with how to start. Finally, one neighborhood asked for help with absentee landlords and invited the coalition to a meeting. The coalition attended the meeting and began to focus on the neighborhoods. They began to re-build neighbor associations across the city, and even built

new neighborhood organizations. Soon, the city was celebrating its neighborhoods. Neighbor associations became an avenue for the city to reengage its communities through community policing, public health, arts, and recreation.

The Massachusetts coalitions have also been able to tackle larger systems issues. The Lower/ Outer Cape Community Coalition brought data on the livable wage to its residents. The livable wage, or self-sufficiency standard measures the real costs of living, working, and paying taxes without subsidies. The coalition showed residents that according to the livable wage statistics the average Cape worker with one child needs to be earning $15 an hour in order to just survive. When the coalition presented this information to the Chamber of Commerce, Chamber members laughed quietly and said, " thank you very much but we can't pay $15 an hour." However, the Chamber members did look at the justification for the high wages and expressed concern about the lack of affordable childcare and housing in the area. They noted that these issues were hurting worker retention and agreed to work together with the coalition on these issues. A unique new partnership aimed at systems change emerged in which the coalition and the business community work hand-in-hand on developing affordable housing and childcare.

The same Massachusetts coalitions have made a real impact on the quality of life. In North Quabbin, a rural mill town area, residents faced significant transportation problems that prevented people from having access to work, health appointments, and higher education. The coalition tried for ten years to find a solution. Finally, a group of grassroots advocates, working from the local literacy project, decided to tackle the problem in partnership with the coalition. They began a ride pool, engaged the local transportation authorities, and advocated for change.

A local Congressman became involved. Soon, a new transportation system with fixed routes and connecting rides was implemented. The coalition also began a campaign to encourage ridership on the new buses. In the first year, the new system provided over 44,000 rides. This systems change, which effects education, health, and the economy, emerged as a result of the coalitions' collaboration, grassroots engagement, and advocacy.

Formal evaluations of these coalitions (Stein 2001 & Stein 2001) have confirmed their effectiveness in enhancing the capacity of helping system to collaborate on problems and their success in creating new solutions to community problems. On the Lower/Outer Cape the community coalition has been the catalyst for the creation of programs that annually contribute $2.3 million of programming and 25 staff positions in the community.

So what are the opportunities for psychologists in the healthy communities movement? David Chavis (1992) has described the role of what he calls "enabling systems," which provide the supports for healthy communities initiatives in communities. The factors identified by Roussus and Fawcett (2000) that lead to successful coalitions are ones that many psychologists have the skills to contribute to: action planning, developing leadership, documentation and feedback, technical assistance, and making outcomes matter. Many community psychologists are presently providing the support systems for these healthy communities initiatives, as technical assistance and trainers, consultants, and evaluators. Maybe the most critical role for psychologist can be contributions to understanding of the issues and systems change possibilities inherent in healthy community efforts. The skills of psychologists, specifically community psychology skills, can be of great assistance to these efforts. These skills include taking an ecological view of the

issues, one that incorporates the context along with the individual, an understanding of prevention programming, both what are the effective programs and of the key issues implementation, and an understanding of the critical steps in program development that lead to success, the capacity to bring qualitative and quantitative evaluation and documentation skills to complex community interventions, and specific group skills including group process facilitation and consultation.

The Healthy Communities movement provides a world of opportunity for psychologists, especially those with the skills of a community psychologist to find valuable ways to contribute to the future of America's communities.

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